

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐
2. NAME OF OPERATOR
Vintage Petroleum, Inc.
3. ADDRESS OF OPERATOR
502 S. Main, Suite 400, Tulsa, OK 74103
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: U-J, 1650' FSL & 1650' FEL of Sec.
AT TOP PROD. INTERVAL: Sage
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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☐
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5. LEASE
LC#-070286
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Hudson Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Golden Lane (Strawn)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29-T20S-R30E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3394 GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

4-6-87 through 4-15-87: Released packer
4-16-87: Set RTTS packer @ 5000' and tested, lowered packer to 11164', released packer.
4-17-87: Set packer @ 10942.5' and tested to 5000#. Perforated from 10984'-995' and 10999'-11004', 4 shots per foot.
4-20-87: 3:00 p.m., 1700# TP, 5 BC, 0 BW, 2054 MCF
4-21-87: 7:00 p.m., 1400# TP, Trace of condensate, 3000 MCF
4-22-87: 1400# FTP, 0# CP, 19/64 choke, 30 BC, 151 BW, 3008 MCF

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED C. A. Helms TITLE Proration Supv DATE 4-27-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: